

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE LONG FORM

CALIFORNIA
1994 FORM **490**

Page 11 of 5

For Official Use Only

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period
from July 1 1996
through Sept. 30 1996

Date of election if applicable:
(Month, Day, Year)

Nov. 5 1996

Date Stamp

RECEIVED

95 OCT -7 AM 12:01

EDWIN J. PERDUE
CITY CLERK

**I Officeholder, Candidate, and Controlled Committee
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

Susan Hitchcock

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY Council member

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

2443 MacArthur Parkway

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Los Angeles CA 95422 (209) 334-9362

COMMITTEE NAME

COMMITTEE FOR SUSAN HITCHCOCK

I.D. NUMBER

961523

COMMITTEE ADDRESS (NO. AND STREET)

2443 MacArthur Parkway

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Los Angeles CA 95422 (209) 334-9362

NAME OF TREASURER

Jerry L. Glenn

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

2443 MacArthur Parkway

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Los Angeles CA 95422 (209) 334-9362

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCT 3, 1996 At Los Angeles, CALIF
DATE CITY AND STATE

By Jerry L. Glenn
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/3/96 At Los Angeles, CA
DATE CITY AND STATE

By [Signature]
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Political Reform Commission

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>July 1, 1996</u> through <u>Sept 30, 1996</u>		CALIFORNIA 1994 FORM 490
Page _____ of _____		I.D. NUMBER <u>961523</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Susan Hitchcock Committee for Susan Hitchcock

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>8/8</u>	<u>Jerry Glenn and Susan Hitchcock</u> <u>2443 MacArthur Parkway</u>	<u>Retired</u>	<u>1,000⁰⁰</u>	<u>1,000⁰⁰</u>	
<u>8/15</u>	<u>BRYAN HUCKETT (BROTHER-IN-LAW)</u> <u>218 FURNESS</u> <u>LODI CA. 95242</u>	<u>RETIRED</u>	<u>1,000⁰⁰</u>	<u>1,000⁰⁰</u>	
<u>8/25</u>	<u>EVELYN HITCHCOCK (MOTHER)</u> <u>22781 MEDINA ST</u> <u>CUPERTINO, CALIF.</u>	<u>RETIRED</u>	<u>250⁰⁰</u>	<u>250⁰⁰</u>	

SUBTOTAL \$

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,250
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 1908.98
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3158.98

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>July 1, 1996</u> through <u>Sept 30, 1996</u>		CALIFORNIA 1994 FORM 490
		Page <u>2</u> of <u>5</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Susan HITCHCOCK COMMITTEE FOR Susan HITCHCOCK</u>		I.D. NUMBER <u>961523</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Susan HITCHCOCK COMMITTEE FOR Susan HITCHCOCK

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>3,158.98</u>	\$ _____	\$ _____
2. Loans Received	Schedule B, Line 7	\$ <u>1,000.00</u>	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>4,158.98</u>	\$ _____	\$ _____
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ _____	\$ _____
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>4,158.98</u>	\$ _____	\$ _____
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ <u>0</u>	\$ _____	\$ _____
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>4,158.98</u>	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>0</u> <u>1,162.02</u>	\$ _____	\$ _____
9. Loans Made	Schedule H, Line 7	\$ <u>0</u>	\$ _____	\$ _____
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>1,162.02</u>	\$ _____	\$ _____
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ <u>1,377.05</u>	\$ _____	\$ _____
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>2,539.07</u>	\$ _____	\$ _____

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>0</u>	
14. Cash Receipts	Column A, Line 3 above	\$ <u>4,158.98</u>	
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>	
16. Cash Payments	Column A, Line 10 above	\$ <u>1,162.02</u>	
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>3,096.96</u>	
If this is a termination statement, Line 17 must be zero.		ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ _____	\$ _____
22. Expenditures Made	\$ _____	\$ _____

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	\$ _____
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ _____

Schedule B — Part I Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part I

Statement covers period from <u>July 1, 1996</u> through <u>Sept. 30, 1996</u>	CALIFORNIA INFORM 490
Page <u>3</u> of <u>5</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Susan HITCHCOCK committee for Susan HITCHCOCK

I.D. NUMBER

961523

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER/GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
8/8/96	Jerry L. Glenn 2443 MacARTHUR PKWY LODI, CA. 95242 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	RETIRED	DUE DATE INTEREST RATE _____%	1,000	CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____%		CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE _____%		CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$

*See important instructions on reverse.

SUBTOTAL \$ ^(a) 1,000	\$ ^(b)	Enter (b) on Summary Page, Line 18 only.
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Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ 1,000
- Loans under \$100 received this period. (Do not itemize.) \$ _____
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 1,000

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0
- Total loans repaid, forgiven, or paid by a third party this period. TOTAL \$ (0)
(Add Lines 4 + 5.)
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ 1,000
Enter the net here and on the Summary Page, Column A, Line 2.
May be a negative number.

Schedule B — Part I (Continuation Sheet)
Loans Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE B - Part I (cont)

Statement covers period from <u>July 1, 1996</u> through <u>Sept 30, 1996</u>	CALIFORNIA 1994 FORM 490
Page _____ of _____	I.D. NUMBER <u>961523</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

SUSAN HITCHCOCK Committee For Susan Hitchcock

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
8/8	Jerry L. Glenn 2443 macnamur parkway	Retired	DUE DATE INTEREST RATE	\$1,000.00	CALENDAR YEAR 1000.00 OTHER		CALENDAR YEAR \$ OTHER
	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
			DUE DATE INTEREST RATE		CALENDAR YEAR \$ OTHER		CALENDAR YEAR \$ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
			DUE DATE INTEREST RATE		CALENDAR YEAR \$ OTHER		CALENDAR YEAR \$ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
			DUE DATE INTEREST RATE		CALENDAR YEAR \$ OTHER		CALENDAR YEAR \$ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
			DUE DATE INTEREST RATE		CALENDAR YEAR \$ OTHER		CALENDAR YEAR \$ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						

*See important instructions on reverse of page 1 of Schedule B, Part I.

SUBTOTAL \$

(a)

(b)

Enter (b) on
Summary Page,
Line 18 only.

Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>July 1 1996</u> through <u>Sept 30, 1996</u>	CALIFORNIA FORM 490 Page <u>4</u> of <u>5</u>
I.D. NUMBER <u>961523</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Susan Hitchcock Committee for Susan Hitchcock

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PAYLESS Lumber Building Supply 532 E. Lockeford Lodi Calif.	O	STAKES FOR YARD SIGNS	105 <u>66</u>
Registration of Voters 24 S. Hunter Stockton Calif	L	Precinct Lists and Labels	327 <u>77</u>
CALIF. VOTERS GUIDE 1658 W. CARSON Torrance, CALIF. 90501	KL	MAILED FLTER	300 <u>00</u>
6001 News Sentinel 125 N. CHURCH Lodi	N	NEWSPAPER ADVERTISING	170 <u>00</u>

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

Payments and Contributions Made Summary

- | | |
|---|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>903.43</u> |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ <u>258.59</u> |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ _____ |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ _____ |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ <u>1,162.02</u> |

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>July 1, 1996</u> through <u>Sept. 30, 1996</u>	CALIFORNIA 1994 FORM 490
Page <u>5</u> of <u>5</u>	I.D. NUMBER <u>961523</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Susan HITCHCOCK Committee for Susan HITCHCOCK

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
DUNCAN PRESS 25 W. LOCKEFORD LONG BEACH, CALIF.	L ①	Campaign Brochures YARD SIGNS	1377.05

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,377.05

Accrued Expenses Summary

- | | |
|---|----------------------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) | \$ 1,377.05 |
| 2. Accrued expenses this period of under \$100. (Do not itemize.) | \$ |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) | INCURRED TOTAL \$ 1,377.05 |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) | PAID TOTAL \$ (0) |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$ 1,377.05 |

May be a negative number.